

# 11th Annual Conference on the Science of Dissemination and Implementation in Health



## AGENDA

December 3-5, 2018 | Washington, D.C.

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 #Dscience18



# 11th Annual Conference on the Science of Dissemination and Implementation in Health



Welcome to the 11th Annual Conference on the Science of Dissemination and Implementation in Health (D&I), co-hosted by the National Institutes of Health (NIH) and AcademyHealth. For more than a decade, individuals have convened at the Science of D&I Conference to bridge the gap between research, practice, and policy in health and health care. Over the next two and a half days, guided by the theme, *Scaling up Effective Health and Healthcare: Advancing the Research Agenda and Necessary Infrastructure*, we'll focus on strategies for scaling up effective interventions across communities, health systems, networks and countries, and efforts to build capacity for D&I science, with an emphasis on low-resource settings. We will also acknowledge the contributions made by attendees like you, working each day to ensure that evidence is used to inform decisions that will improve the health of individuals and communities. We are thrilled that you have decided to join us and we look forward to working together.


## About AcademyHealth

AcademyHealth is the leading national organization serving the fields of health services and policy research and the professionals who produce and use this important work. Together with our members, we offer programs and services that support the development and use of rigorous, relevant, and timely evidence to increase the quality, accessibility, and value of health care, to reduce disparities, and to improve health. A trusted broker of information, AcademyHealth brings stakeholders together to address the current and future needs of an evolving health system, inform health policy, and translate evidence into action.  
[www.academyhealth.org](http://www.academyhealth.org)

## About the National Institutes of Health (NIH)

The NIH's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. As part of this mission, the NIH supports funding opportunities in dissemination and implementation research that seek to maximize the integration of research findings and evidence-based health interventions into clinical and community practice, along with research training activities and meetings to build capacity of the field.  
[www.nih.gov](http://www.nih.gov)

## Stay Connected Throughout the Conference

 Twitter: @AcademyHealth, @NCI\_ImplSci and @NCIDACHambers  
Conference Hashtag: #DisScience18

# CONFERENCE SUPPORT

## CO-HOSTS

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## SUPPORTERS

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## Session Track Key

**BH** ..... Behavioral Health

**BD** ..... Big Data and Technology for Dissemination and Implementation Science

**BF** ..... Building the Future of D&I Science: Training, Infrastructure, and Emerging Research Areas

**CCP** ..... Clinical Care Settings: Patient-level Interventions

**CCS** ..... Clinical Care Settings: System-level Interventions

**GDI** ..... Global Dissemination and Implementation Science

**HP** ..... Health Policy Dissemination and Implementation Science

**MMM** ..... Models, Measures, and Methods

**PPH** ..... Prevention and Public Health

**PHE** ..... Promoting Health Equity and Eliminating Disparities

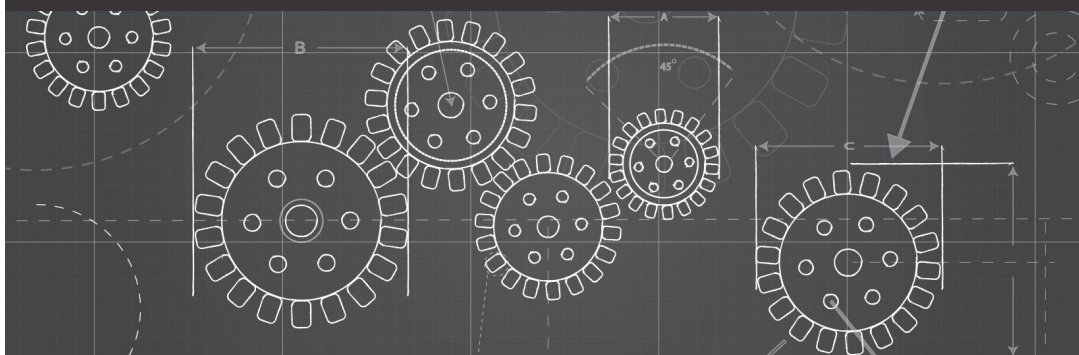
*You may notice a difference in the way sessions are listed. Some are in presentation order and some are in alphabetical order.*



NATIONAL CANCER INSTITUTE

Division of Cancer Control & Population Sciences

# Dissemination and Implementation Research in Health (R01/R03/R21)



## Program Announcements With Special Receipt, Referral, and/or Review (PARs)

<https://grants.nih.gov/grants/guide/pa-files/PAR-18-007.html> (R01)

<https://grants.nih.gov/grants/guide/pa-files/PAR-18-017.html> (R21)

<https://grants.nih.gov/grants/guide/pa-files/PAR-16-237.html> (R03)



**NCI\_ImplSci**  
@NCI\_ImplSci

#Dissemination and #Implementation research news & resources from the NCI.  
Privacy policy: <http://1.usa.gov/oW1EVW>

Follows & RT do not equal endorsement.

ACCESS FUNDING, TRAINING, AND OTHER RESOURCES AT:

<https://cancercontrol.cancer.gov/IS/>

CONTACT US AT:

[NCIdccpsISteam@mail.nih.gov](mailto:NCIdccpsISteam@mail.nih.gov)

*You may notice a difference in the way sessions are listed. Some are in presentation order and some are in alphabetical order.*

## MONDAY, DECEMBER 3

7:45 a.m.–6:00 p.m.

### Registration

*Grand Registration (Ballroom Level)*

8:45 a.m.–10:15 a.m.

### Pre-Conference Workshop: Orientation to the Science of Dissemination and Implementation

*Congressional A (Ballroom Level)*

**Speakers:** **Rinad Beidas**, University of Pennsylvania; **Cara Lewis**, Kaiser Permanente Washington Health Research Institute; **Byron Powell**, University of North Carolina at Chapel Hill

**Description:** This pre-conference workshop will provide an introduction and orientation to the science of dissemination and implementation for conference attendees new to this field.

10:15 a.m.–10:45 a.m.

### Break

10:45 a.m.–12:30 p.m.

### Opening Plenary

*Grand Ballroom (Ballroom Level)*

### Welcome and Introductions

**Speakers:** **David Chambers**, National Cancer Institute;  
**Lisa Simpson**, AcademyHealth

### Plenary Session: Going to Scale in Low Resource Settings

*Grand Ballroom (Ballroom Level)*

**Chair:** **David Chambers**, National Cancer Institute

**Speakers:** **Bechara Choucair**, Kaiser Permanente; **Joe McCannon**, Shared Nation; **Vivian Tseng**, William T. Grant Foundation; **Milton Wainberg**, Columbia University

**Description:** While much progress has been made to understand and improve implementation in local settings, more work is needed to scale-up effective interventions across many communities, systems, and nations. This plenary will spotlight the need to expand exponentially the use of evidence-based health interventions across underserved communities in the US and globally.

12:30 p.m.–1:30 p.m.

### Lunch on Own

1:30 p.m.—3:00 p.m.

## Workshops

### Understanding and Assessing Adaptations: Models, Methods, Measures

*Congressional A (Ballroom Level)*

**Speakers:** **Borsika Rabin**, University of California, San Diego; **Russell Glasgow**, University of Colorado; **Gregory Aarons**, University of California, San Diego; **Ana Baumann**, Washington University in St. Louis; **Ulrica von Thiele Schwarz**, Mälardalen University

**Description:** This workshop will focus on understanding, planning for and assessing adaptations in implementation research with special focus on general description of the role of adaptations in real world settings. This will include common models for their conceptualization and methodological considerations for the systematic, prospective, pragmatic assessment of adaptations across diverse contexts. Presenters will discuss type of adaptations (including adaptations to interventions and implementation strategies), ways in which adaptations can be documented through the lifetime of a research project, and will share existing methods and instruments for planning and assessment of adaptations.

### Reporting on Implementation Strategies for Increasing the Uptake of Evidence-Based Interventions

*Congressional B (Ballroom Level)*

**Speakers:** **Byron Powell**, University of North Carolina at Chapel Hill; **Maria Fernandez**, University of Texas; **Prajakta Adsul**, National Cancer Institute

**Description:** Participants will be introduced to the concept of implementation strategies, which are the specific means or methods for adopting and sustaining evidence-based interventions. Efforts have been made to categorize and list implementation strategies used in the context of health research. Using this list, we will conduct an interactive exercise to highlight the importance of precisely describing and reporting implementation strategies. We will review how implementation strategies have been reported in cancer prevention and control studies and conclude with a discussion on how others have reported and discuss an agenda for research related to implementation strategies.

### Qualitative Research in Implementation Science (QUALRIS) - What You Need to Know

*Congressional C (Ballroom Level)*

**Speakers:** **Alison Hamilton**, University of California, Los Angeles; **Lawrence Palinkas**, University of Southern California

**Description:** This workshop is based upon the white paper “Qualitative Research in Implementation Science,” that was written to provide guidance on the appropriate, rigorous, and innovative use of qualitative methods in Implementation Science (IS). During the workshop, presenters will discuss: the distinct challenges and opportunities that IS presents for the use of qualitative methods, innovative approaches to addressing those challenges and opportunities, strategies for maintaining qualitative rigor in IS, and recommendations for methodological innovation and capacity-building in IS for rigorous qualitative research to advance implementation science.

## **Implementation Science in Low- and Middle-Income Countries: Opportunities and Challenges, Stakeholder Engagement, and Building Capacity**

*Meeting Rooms 10/11 (Meeting Room Level)*

**Speaker:** Kenneth Sherr, Health Alliance International

**Description:** This workshop will describe challenges and strategies for conducting implementation science in LMICs, including examples of the use and adaptation of IS frameworks to the LMIC context. In addition, we will provide examples of effective strategies for stakeholder engagement and development of multi-stakeholder networks. And finally, given that demand for implementation science training for LMIC researchers continues to outpace supply, we will highlight opportunities for researchers, practitioners, policy-makers, and research funders to build capacity in implementation science, in part, through existing training and educational opportunities for LMIC researchers, addressing the barriers and facilitators to establishing and accessing these training programs.

## **Defining, Conceptualizing, and Studying De-Implementation in Health**

*Meeting Rooms 12/13/14 (Meeting Room Level)*

**Speaker:** Christian Helfrich, Seattle-Denver Center of Innovation for Veteran-Centered and Value-Driven Care VA Puget Sound Puget Sound Health Care System, US Department of Veterans Affairs

**Description:** Ineffective health practices often persist well after they've been demonstrated to provide no benefit, or where harms outweigh benefits. Efforts to curb, or de-implement, low-value health practices are often analogous to efforts to implement high-value practices. However, de-implementation entails some unique dynamics, challenges, and opportunities. Workshop participants will learn key terms, concepts, and frameworks applied to de-implementation research. Several case studies will be presented to provide participants with concrete examples on de-implementation across a variety of health areas and delivery settings. Finally, we will discuss ongoing efforts to advance de-implementation research, and suggest priority areas for future research.

## **Research on Sustainability: Theoretical and Practical Considerations**

*Meeting Rooms 8/9 (Meeting Room Level)*

**Speaker:** Shannon Wiltsey-Stirman, National Center for PTSD

**Description:** This interactive workshop will outline considerations for research on sustainability. It will provide an overview of conceptual and methodological considerations related to sustainability. We will also cover frameworks that focus on or include sustainability, and discuss strategies for assessment and measurement of sustainment. The related concepts of adaptation and fidelity will be considered in the context of sustainability research. Existing research on sustainability will be highlighted and discussed to provide examples of methodologies and next steps for research.



## **Accounting for Organizational Context in Dissemination and Implementation Science – A Rationale and Guidance**

*Mount Vernon Square A (Meeting Room Level)*

**Speakers:** **Sarah Birken**, University of North Carolina at Chapel Hill; **Jennifer Leeman**, University of North Carolina; **Martin Charns**, Boston University School of Public Health; **Michael Harrison**, Agency for Healthcare Research and Quality

**Description:** This workshop is based upon the paper “Organizational theory for dissemination and implementation research,” which was written to stimulate and provide guidance on the addressing of organizational context in dissemination and implementation science. During the workshop, presenters will discuss the rationale for addressing the organizational context in dissemination and implementation science, offer guidance for doing so in a way that acknowledges interactions among organization-level constructs and constructs that lie at other levels, and discuss resources to help dissemination and implementation scientists address the organizational context.

## **Role of Behavioral Economics and Implementation Economics in Increasing Screening for Chronic Conditions**

*Mount Vernon Square B (Meeting Room Level)*

**Speakers:** **Florence Tangka**, Centers for Disease Control and Prevention; **Sujha Subramanian**, RTI International

**Description:** Behavioral economics and implementation economics are emerging fields. Behavioral economics interventions (e.g., financial incentives, choice architecture modifications, and commitment devices) target modifiable risk factors to improve patient and provider engagements in evidence-based recommendations. Implementation economics, a sub-discipline of implementation science, focusses on the cost, cost-effectiveness and cost-benefit of public health programs. Both behavioral and implementation economics can offer important insights about effective and cost-effective policies and interventions to address the chronic disease burden, especially among underserved populations. During this workshop, presenters will provide real-world examples and lessons learned that can help attendees improve implementation and evaluation of their interventions and programs.

3:15 p.m.—4:45 p.m.

## **Concurrent Sessions**

### **CCP Contextual Inquiry of Implementation Strategies**

*Congressional A (Ballroom Level)*

**Chair and Discussant:** **Erin Hahn**, Kaiser Permanente Southern California

#### **Call For Abstracts Session Panelists:**

**Benjamin Teeter**, University of Arkansas for Medical Sciences

*Development and testing of implementation strategies to support community pharmacist-initiated prescribing and dispensing of naloxone to reduce overdose by opioids*

**Kelly Smith**, MedStar Institute for Quality and Safety

*Engaging patients – promising strategies to bridge the patient safety chasm in primary care*

## Quality Enhancement Research Initiative

Amy Kilbourne, PhD, MPH, Director

**VA's Quality Enhancement Research Initiative (QUERI) leverages innovative scientifically-supported quality improvement (QI) methods—paired with a deep understanding of Veterans' preferences and needs—to implement research findings rapidly into practice and improve the quality and safety of care delivered to Veterans.**

By linking nationally-recognized researchers embedded in the healthcare system with VA clinical and operations partners, QUERI optimizes the implementation of best practices across a variety of healthcare settings.

QUERI's mission is three-fold:

- Implement evidence-based practices rapidly into routine care
- Increase the impact of research findings through bi-directional partnerships and rigorous evaluations
- Promote implementation science and support VA's transformation to a Learning Healthcare System

QUERI's national network of 200+ experts in health services research implement QI initiatives that address cross-cutting key strategic areas in healthcare, including: population health, care coordination, safety and quality, virtual care, personalized care, behavioral health, access, and health equity.

*How does QUERI support implementation of best practices?*

QUERI supports over 40 VA centers across the US that focus on enhancing the uptake of effective practices and three resource centers devoted to identification of effective practices (Evidence-based Synthesis Program), selection of implementation strategies to promote the uptake of effective practices across different settings (Center for Evaluation and Implementation Resources), and rigorous evaluation of VA national programs and policies to sustain effective practices (Partnered Evidence-based Policy Resource Center).

For more information, please visit  
[www.queri.research.va.gov](http://www.queri.research.va.gov) or contact:

Melissa Braganza, MPH  
QUERI Program Manager  
VA Health Services Research & Development  
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**U.S. Department of**

Veterans Health Administration  
**Quality Enhancement Research Initiative**



AcademyHealth

# Mark Your Calendar for Upcoming AcademyHealth Events

AcademyHealth

## National Health Policy Conference



**Register Today**

[academyhealth.org/nhpc](http://academyhealth.org/nhpc)

February 4-5, 2019 | Marriott Marquis, Washington D.C.

**Join us for an extensive overview and first look at the nation's health policy agenda.**

As one of the only events of its kind, the AcademyHealth National Health Policy Conference (NHPC) brings together health care decision makers, policy experts, advocates, patients, researchers, and leaders from the public and private sectors to share the latest evidence and discuss the most critical issues and immediate policy priorities in United States health care.



**Register Today**

[healthdatapalooza.org](http://healthdatapalooza.org)

March 27-28, 2019 | Washington Hilton, Washington D.C.

Since its inception a decade ago, the Health Datapalooza has become the gathering place for people and organizations creating knowledge from data and pioneering innovations that drive health policy and practice. More than a meeting, Health Datapalooza is a diverse community of big thinkers and roll-up-our-sleeves-and-get-it-done problem solvers who share a mission to liberate and use data to improve health and health care.

As the challenges facing health and health care continue to evolve, we're digging into the real world experience of turning information into innovation. What works, what doesn't, why, and what's coming next?

AcademyHealth

## ANNUAL RESEARCH MEETING



**Submit an abstract by Tuesday, January 8, 2019 at 5:00 p.m. ET.**

[academyhealth.org/arm](http://academyhealth.org/arm)

June 2-4, 2019 | Walter E. Washington Convention Center, Washington, D.C.

Fresh off the record-breaking 2018 Annual Research Meeting (ARM) in Seattle, planning is underway for the 2019 event in the nation's capital!

The ARM is the gathering place for more than 3,000 individuals leading the charge to transform delivery systems and health care in a rapidly changing landscape. As the premier forum for health services research (HSR), the ARM convenes the foremost experts at the intersection of health, health care, and policy to share important findings and showcase the latest research on how the health system works, what it costs, and how to improve it.

**Christine Fahim**, Johns Hopkins University

*Development of the IRIS-AR intervention to improve rates of accrual and retention for a patient-directed study intervention*

**Fernanda Polubriaginof**, New York-Presbyterian Hospital

*Impact of an acute patient portal: Results of a randomized clinical trial*

**Call for Abstracts Session Description:** Strategies are a key element of implementation research as defined by the National Institutes of Health and others, yet we have critical gaps in knowledge regarding effective implementation strategies. Currently, we have insufficient guidance on how to select and deploy implementation strategies most likely to facilitate uptake and sustainment of evidence-based practices, or how to develop patient-centered strategies to increase engagement in care. In this session, studies examining development, utilization, and comparison of implementation strategies will be presented, with discussion of the potential promise and limitations of extant strategies.

## **MMM Novel Methods for Implementation Research**

*Congressional B (Ballroom Level)*

**Chair: Megan McCullough**, Center for Healthcare Organization and Implementation Research

### **Call For Abstracts Session Panelists:**

**Cati Brown-Johnson**, Stanford University School of Medicine

*The lightning report: What a new methodological approach for rapid qualitative synthesis can tell us about prospective evaluation of dynamic system implementations*

**Deborah Cragun**, University of South Florida

*Coincidence analysis: A methodology to identify contextual conditions influencing implementation across multiple settings*

**Suzanne Heurtin-Roberts**, National Cancer Institute

*Qualitative research in implementation science (the QUALRIS project): Meeting the challenges*

**Aaron Lyon**, University of Washington

*The cognitive walk-through for implementation strategies (CWIS): A pragmatic methodology for assessing strategy usability*

**Vera Yakovchenko**, VA, Bridge QUERI & CHOIR

*Pinpointing the specific implementation strategies that matter most for increasing HCV treatment: An applied use of comparative configurational methods*

**Call for Abstracts Session Description:** Implementation science requires complex interventions that can respond to variability across contexts and over time. Because contexts and actors are themselves dynamic, researchers require methods and tools to rapidly synthesize information in order to select implementation strategies, adapt to emergent findings, enable feedback, and identify the active ingredients of successful implementation efforts. This session highlights novel methods and tools with pragmatic utility for implementation science, with examples of their use in the field, and implications for improving both the rigor and efficiency of implementation research.

## Poster Slam Session

*Congressional C (Ballroom Level)*

**Chair: Lisa Simpson**, AcademyHealth

### Poster Slam Presenters:

**Prajakta Adsul**, National Cancer Institute

*Asking relevant stakeholders: Providers and community health workers perceptions on scaling-up cervical cancer screening programs in the public health sector in India*

**Katie Allan**, University of Michigan

*Clinical champions: Five characteristics of effective change agents*

**Lisa DiMartino**, Research Triangle Institute

*Implementation of guideline-based care for sickle cell disease: Findings from a mixed methods needs assessment*

**Razan Fayyad**, Duke University

*Uptake of a smartphone app for self-assessment of functional capacity as the sixth vital sign: RE-AIM evaluation*

**Rachel Gross**, New York University School of Medicine

*Characterizing the process of adapting an early child obesity prevention intervention to address psychosocial stressors*

**Katherine Iverson**, VA Boston Healthcare System

*Getting intimate partner violence screening implementation right: Identifying best clinical practices, implementation strategies and contextual factors for success*

**Selene Mak**, UCLA Fielding School of Public Health

*Strategies for full system scale and spread: A systematic review*

**Ana Progovac**, Harvard Medical School; Cambridge Health Alliance; Harvard Medical School

*Patient feedback regarding an improved method of incorporating racial/ethnic minority patients' treatment preferences into clinical care*

**Heidi Sjoberg**, Veterans Health Administration, Denver and Seattle Center of Innovation for Veteran-Centered and Value Driven Care

*Scaling up advanced care coordination to improve transitions of care and longitudinal care coordination for dual use veterans*

**Irene Vidyanti**, Los Angeles County Department of Public Health

*Using a systems-based participatory approach to explore the multi-sector impact of housing for health, an implementation model for permanent supportive housing*

**Poster Slam Description:** This fast-paced session will give participants the opportunity to hear brief presentations from ten of the most impactful posters at this year's conference. Presenters will highlight the pieces of their work that they feel are the most interesting, encouraging folks to visit their physical poster during the appropriate poster session later in the conference.

## **GD** Application of the CFIR in Low- and Middle-Income Health Settings

*Meeting Rooms 10/11 (Meeting Room Level)*

**Chair: Sarah Gimbel**, University of Washington

### **Call for Abstracts Session Panelists:**

**Catherine Carlson**, University of Alabama

*Student, teacher, and caregiver perspectives on implementing mental health services in Ugandan primary schools*

**Heather Lynne Fraser**, University of the Witwatersrand

*Factors influencing vaccine coverage in Tshwane District, South Africa: An application of the Consolidated Framework for Implementation Research*

**Christopher Kemp**, University of Washington

*Evaluating applications of the consolidated framework for implementation research (CFIR) in low- and middle-income country settings*

**Call for Abstracts Session Description:** This session focuses on the application of the consolidated framework for implementation research in low- and middle-income countries (LMICs). Presentations in this session include a systematic review of the use of CFIR in LMICs, as well as two examples of its application, one in the context of mental health and the other in the context of vaccine coverage.

## **BH** Implementation of Collaborative Care Models to Optimize Mental Health Treatment

*Meeting Rooms 12/13/14 (Meeting Room Level)*

**Chair: Susan Azrin**, National Institute of Mental Health

**Discussant: John Landsverk**, Oregon Social Learning Center

### **Call for Abstracts Session Panelists:**

**Mark Bauer**, VA Boston Healthcare System, Center for Healthcare Organization and Implementation Research (CHOIR)

*A hybrid II randomized stepped wedge trial to implement the collaborative chronic care model in VA mental health clinics*

**Bo Kim**, VA Boston Healthcare System

*Defining and operationalizing the collaborative chronic care model: Development of a framework for assessing a hybrid II controlled trial of team-based mental health care implementation*

**Christopher Miller**, VA Boston Healthcare System; Harvard Medical School  
*Assessing collaborative care in mental health teams: Qualitative analysis to guide future implementation*

**Nathalie Moise**, Columbia University Medical Center

*Sustaining depression collaborative care in academic primary care settings across New York State: Implementation metrics key to sustainability*

**Call for Abstracts Session Description:** This session will illustrate the use of collaborative care models in mental health treatment in a variety of healthcare settings.

## **BF** Co-Production Approaches to Implementation of Applied Health Research: A Cross-Country Perspective

*Meeting Rooms 8/9 (Meeting Room Level)*

**Chair:** Paul Wilson, University of Manchester

**Panelists:**

**Roman Kislov**, University of Manchester

*Co-production of applied health research to ensure its implementation: A UK perspective*

**Anita Kothari**, Western University

*Integrated knowledge translation: A Canadian perspective on co-production*

**Gill Harvey**, The University of Adelaide

*Applying principles of co-production to solve wicked problems in healthcare: An Australian perspective*

**Panel Description:** Co-production approaches, variously referred to as integrated knowledge translation, participatory research and co-design, provide an alternative to the traditional 'push' and 'pull' modes of translating research into practice. This session, chaired by the Deputy Editor of *Implementation Science*, brings together three empirical studies critically exploring the realities and complexities of using co-production as an implementation strategy in different countries. It will conclude by a group discussion fleshing out similarities and differences between different co-production approaches depending on: (1) the nature of research being implemented; (2) stakeholder group(s) involved; (3) stage of the research/implementation process; and (4) country-level contextual influences.

## **CCS** The Opioid Epidemic: Rapidly Expanding Access to Evidence-Based Treatments Across Systems of Care

*Mount Vernon Square A (Meeting Room Level)*

**Chair:** Mark McGovern, Stanford University School of Medicine

**Discussant:** Hendricks Brown, Northwestern University Feinberg School of Medicine

**Panelists:**

**Mehret Assefa**, Stanford University

*Scaling up medication treatment for opioid use disorder in 25 county health safety net clinics*

**Todd Molfenter**, University of Wisconsin—Madison

*Payer and provider practices that facilitate scale-up of opioid use disorder pharmacotherapy treatment*

**Amanda Midboe**, Ci2i, VA Palo Alto Health Care System

*Implementation of medication-assisted treatment for opioid use disorder in the Veterans health administration*

**Panel Description:** Overdose death attributable to opioids continues to escalate. Mortality rates do not entirely capture the public health and societal impact of opioids such as prescription narcotics, heroin and fentanyl. Unprecedented funding is being poured into combat this epidemic. A three-pronged attack across US states and territories is focused on changing opioid prescribing, making overdose prevention medication widely available, and scaling up access to buprenorphine, an FDA-approved medication for treatment. This panel thematically organizes three system wide implementation efforts to expand access to buprenorphine: US Veterans Affairs (Midboe), two state health systems (Molfenter), and 25 county safety net health clinics (Assefa).

**PHE** **Implementing Evidence Based Practices with Underserved Populations: The Role of Clinicians**

*Mount Vernon Square B (Meeting Room Level)*

**Chair: Jennifer Alvidrez**, National Institute on Minority Health and Health Disparities

**Discussant: Charlene Pope**, Ralph H. Johnson Veterans Affairs (VA) Medical Center

**Call For Abstracts Session Panelists:**

**Alasia Ledford**, University of North Carolina at Chapel Hill  
*Integrating a mental health innovation within the nurse family partnership program: How we developed the innovation with scale-up in mind*

**Matthew Haemer**, University of Colorado School of Medicine  
*Providers' perspectives on motivational interviewing for child weight with low-income Latino families: A mixed methods study in community health centers*

**Shellie Ellis**, University of Kansas School of Medicine; University of Kansas Cancer Center  
*Acceptability, appropriateness and appeal of implementing support for guideline-based cancer care in rural and minority urology practices*

**Yi-Ling Tan**, NYU School of Medicine  
*Development and implementation of EHR-based tools in a large NYC health-care system to facilitate h. pylori eradication strategies*

**Call for Abstracts Session Description:** Successful implementation of evidence-based practices with diverse populations requires addressing acceptability and feasibility of these practices from the clinician's perspective. This session focuses on strategies to enhance the capacity of clinicians to deliver evidence-based practices with diverse and underserved patient populations, including racial/ethnic minority, low-income, and rural individuals and families.

4:45 p.m.–5:00 p.m.

**Break**

5:00 p.m.–6:30 p.m.

**Concurrent Sessions**

**CCS** **Examining the Comparative Effectiveness of Different Implementation Strategies**

*Congressional A (Ballroom Level)*

**Chair: Andrew Quanbeck**, University of Wisconsin—Madison

**Discussant: Sarah Birken**, University of North Carolina at Chapel Hill

**Call for Abstracts Session Panelists:**

**Jennifer Becan**, Texas Christian University  
*Testing two implementation strategy bundles for addressing site developed quality improvement plans in juvenile justice settings: Adaptive system change efforts*





**AcademyHealth members are at the forefront of efforts to address the current and future needs of an evolving health system, inform health policy and translate evidence into action.**

### **Join Today**

Become a part of a movement to strengthen health services research; increase the skills of research producers and users; and help policymakers and practitioners make evidence informed decisions.

### **Advancement Opportunities**

We offer high quality programs and services to address the needs of our members and an evolving health system.

- Discounts on registration fees for AcademyHealth meetings; discount and HSR and online access to the Milbank Quarterly; and discounts on more than 35 health journals and newsletters;
- Leadership opportunities through Interest Groups, councils and committees;
- Recognition opportunities through a high profile awards program;
- Employment and mentorship opportunities;
- Membership Resource Library, a database which houses over 400 nationwide scholarships, internships, and fellowships along with a growing number of sample course syllabi;
- Weekly newsletters with upcoming events, new publications, and details about what's happening in Washington, D.C.

### **A Voice for the Field**

AcademyHealth advocates for federal funding for research and its infrastructure, policies that encourage the production and dissemination of health services research and its use in decision making, and policies that enhance the quality, availability, timeliness, and affordability of data and tools used to produce research.

**JOIN TODAY** at [www.academyhealth.org/Membership](http://www.academyhealth.org/Membership)

**Jennifer Callaghan-Koru**, University of Maryland, Baltimore County  
*Implementation strategies associated with stronger implementation of a patient safety bundle to reduce primary cesarean delivery rates at Maryland hospitals*

**Rachel Gold**, Kaiser Permanente Center for Health Research; OCHIN, Inc.  
*Results from a randomized trial comparing strategies for helping community health centers implement guideline-concordant cardioprotective care*

**Jamie Ostroff**, Memorial Sloan Kettering Cancer Center  
*Main results from a cluster randomized trial testing the effectiveness of implementation strategies to improve adherence to tobacco treatment guidelines in public health dental care*

**Call for Abstracts Session Description:** Research comparing different implementation strategies is an important, yet still emerging frontier in implementation science. This session includes 4 studies using a range of study designs to compare implementation strategies.

## **MMM Practices Made Perfect: New Approaches for Measuring Sustainability in Clinical Settings**

*Congressional B (Ballroom Level)*

**Chair: Douglas Luke**, Washington University in St. Louis

**Discussant: Anne Sales**, University of Michigan

### **Panelists:**

**Douglas Luke**, Washington University in St. Louis

*The clinical sustainability assessment tool (CSAT): Assessing sustainability in clinical medicine settings*

**Lisa Saldana**, Oregon Social Learning Center

*Operationalizing sustainment activities for two evidence-based practices using the stages of implementation completion (SIC)*

**Lawrence Palinkas**, University of Southern California

*Correlates of sustainment of prevention programs and initiatives in clinical and community settings*

**Panel Description:** Sustainment is one of the least understood phases of implementation but one of the most important for achieving significant public health impact. Sustaining evidence-based practices in clinical settings is particularly important, in part because of the critical health and financial benefits when good practices are integrated into existing health delivery systems. Until recently, sustainability in clinical, mental health, and behavioral service delivery settings has received little attention. The purpose of this session is to present new theoretical and methodological approaches for studying clinical sustainability, specifically in clinical medicine, substance abuse, and mental health delivery settings.

## **PPH Strategies for Scaling up Evidence-Based Programs and Practices in Public Health – Examples from the Field**

*Congressional C (Ballroom Level)*

**Chair:** Rachel Shelton, Columbia University

**Discussant:** Jason Sico, Department of Veterans Affairs and Yale University School of Medicine

### **Call for Abstracts Session Panelists:**

**Brittany Cooper**, Washington State University

*Going to scale with evidence-based interventions: The next frontier for prevention science*

**Kathryn Reilly**, The University of Newcastle; Hunter New England Local Health District

*Scale up of a multi-strategic intervention to increase implementation of a mandatory school healthy food service policy: The 'healthy food@school' program*

**Gitanjali Shrestha**, Washington State University

*Evaluating the effectiveness of a statewide community coalition-based model for scaling up substance use prevention programs*

**Peg Allen**, Washington University in St. Louis

*Lessons learned in scaling up evidence based practices in public health*

**Call for Abstracts Session Description:** To make larger scale impact and reach at the population level, it is important that implementation scientists advance understanding of effective strategies for scaling up effective programs, practices, and policies across diverse settings. To this end, this set of presentations begins with an overview of evidence-based intervention scale up. The next two presentations examine strategies for scaling up across different settings, first using a multi-strategic intervention to scale up healthy food policy in schools, and then using coalitions to scale-up statewide for substance use prevention programs. The final presentation highlights lessons learned in scaling-up practices within public health departments.

## **GDI Lessons Learned on Scaling Up Global Health Interventions in Low- and Middle-Income Countries**

*Meeting Rooms 10/11 (Meeting Room Level)*

**Chair:** Celina Gorre, Global Alliance for Chronic Diseases

### **Panelists:**

**Vilma Irazola**, Institute for Clinical Effectiveness and Health Policy (IECS)

*Scaling up interventions to improve management and control of hypertension and diabetes in primary care settings: The context matters*

**Theresa Betancourt**, Boston College

*Scaling up or scaling out: Using interagency collaborative teams to integrate and sustain evidence-based mental health interventions linked to youth employment programs in Sierra Leone*

**Sarah Gimbel**, University of Washington; Health Alliance International

*Bringing evidence-based science to scale in the maternal child health space*

**Laura Guay**, Elizabeth Glaser Pediatric AIDS Foundation; George Washington University School of Public Health

*Using dissemination and implementation research to address the demands of rapid scale up of multiple evidence-based interventions in the context of HIV prevention care and treatment programs*

**Panel Description:** For global health interventions to benefit people in low- and middle-income countries (LMICs), they must achieve impact at scale. While scaling-up is difficult in any setting, there are many unique and challenging barriers in LMICs. Implementation science is a currently underutilized tool that can help understand and overcome some of these barriers. In this panel, experts from different health and disease areas will share their experiences using implementation science to scale up interventions in LMICs. The discussion will explore the opportunities and limitations of implementation science for scaling up in global health.

## **HP** Implementing Policy for Population Health

*Meeting Rooms 12/13/14 (Meeting Room Level)*

**Chair: Alex Ortega**, Drexel University

### **Call for Abstracts Session Panelists:**

**Michael Fischer**, The National Resource Center for Academic Detailing  
*Engaging local health departments in peer-to-peer learning strategies to address the opioid crisis*

**Gabriel Malseptic**, Massachusetts Health Policy Commission  
*C.H.A.R.T. playbook: Operational insights for population health management derived from 27 Massachusetts community hospital care transformation initiatives*

**Richard Meenan**, Kaiser Permanente Northwest  
*Economic evaluation of a sun protection promotion program in California elementary schools*

**Florence Tangka**, Centers for Disease Control and Prevention  
*Identifying optimal approaches to scale up colorectal cancer screening: An overview of the centers for disease control and prevention (CDC)'s learning laboratory*

**Elisa Tong**, University of California Davis  
*The Medi-Cal incentives to quit smoking project: Impact of statewide outreach through health channels*

**Call for Abstracts Session Description:** This session focuses on the practice implementing population-based public health interventions in various contexts, including community hospitals, state government agencies, local health departments, and schools. The topics of focus include opioid addiction, colorectal cancer screening, sun protection, and smoking cessation.

## **BF** Breaking Boundaries in Implementation Science: New Frontiers & Future Directions

*Meeting Rooms 8/9 (Meeting Room Level)*

**Chair & Discussant: Lindsey Martin**, Department of Veterans Affairs & Baylor College of Medicine

### **Call for Abstracts Session Panelists:**

**Whitney Barfield**, NHLBI, National Institutes of Health

*Familial hypercholesterolemia: A prototype for implementation science in genomics*

**Miriam Bender**, University of California, Irvine

*The relationality of intervention, context, and implementation: A prospective case study examining the adoption of an evidence-informed nursing care model.*

**Virginia McKay**, Washington University in St. Louis

*The persistence of low-value HIV prevention interventions: Are organizations hanging on?*

**Tim Rapon**, University of Toronto

*The sustainability of quality improvement initiatives for older adults: A mixed methods mapping of contexts, antecedents and consequences*

**Call for Abstracts Session Description:** While implementation science has flourished with cutting edge research in the past decade, there is a need to push scientific boundaries to foster continued growth. Session speakers highlight four unique ways their work challenges how we think about implementation currently, and as we look towards the future. From taking notice of the important relationship between the clinical intervention, implementation and context, to predicting intervention sustainability, de-implementing low-value interventions, and emphasizing the need for more late-stage translational research, speakers chart new frontiers and paths forward in implementation science.

## **CCP** Implementation Outcomes Research

*Mount Vernon Square A (Meeting Room Level)*

**Chair: Julie Fritz**, University of Utah

**Discussant: Rinad Beidas**, University of Pennsylvania

### **Call for Abstracts Session Panelists:**

**Heather Greysen**, University of Pennsylvania

*Title: Innovation is not a guarantee of implementation success: Clinical nurses adhere more to a standard education strategy than to gamification*

**Gillian Harvey**, University of Adelaide

*Facilitating implementation of research evidence (FIRE): A randomised controlled trial and process evaluation of two models of facilitation informed by the promoting action on research implementation in health services (PARIHS) framework*

**Haomiao Jin**, University of Southern California

*Impact of care transition and technology in sustaining collaborative depression care outcomes among diabetes patients in a large safety-net care system*

**Mark Zehner**, University of Wisconsin, Center for Tobacco Research and Intervention

*Increasing clinician-initiated smoking cessation treatment: A randomized trial of implementation of EHR-based referral vs. fax-based referral to a tobacco quit line from primary care clinics*

**Call for Abstracts Session Description:** The evaluation of implementation strategies utilizes a variety of research designs and spectrum of outcome domains. Understanding the success of implementation efforts requires consideration of the processes used and the resulting clinical effects. This session presents data from several studies comparing the effectiveness of implementation efforts across a range of outcomes including clinical effectiveness, sustainability, reach and fidelity.

## **BH Implementation Challenges and Opportunities Addressing Health Behavior Change**

*Mount Vernon Square B (Meeting Room Level)*

**Chair: Kate Stoney**, NHLBI, National Institutes of Health

**Discussant: Joseph Mignogna**, VISN 17 Center of Excellence for Research on Returning War Veterans

### **Call for Abstracts Session Panelists:**

**Bryan Garner**, RTI International

*The implementation & sustainment facilitation (ISF) strategy: Effectiveness results from a 39-site cluster randomized trial*

**Matthew Buman**, Arizona State University

*An I-parihs evaluation of implementation fidelity for a worksite sedentary behavior intervention*

**Nadia Minian**, Centre for Addiction and Mental Health

*The effects of interventions targeting multiple health behaviors on smoking cessation outcomes: A rapid realist review*

**Vera Yakovchenko**, VA, Bridge QUERI & CHOIR

*Adaptation of an implementation strategy and a psychosocial intervention for VA's supportive housing program: A mixed-methods realist evaluation*

**Call for Abstracts Session Description:** Interventions for health behavior change are often multi-component and real-world implementation is complex. This session will address implementation strategies for a number of health behaviors.

6:30 p.m.–8:00 p.m.

## **Poster Session A & Reception**

*Renaissance Ballroom & Foyer (Ballroom Level)*

### **Features:**

Best Poster Nominations (A1-A10)

Clinical Care Settings: Patient-Level Interventions (A11-A56)

Clinical Care Settings: System-Level Interventions (A57-A153)

Health Policy D&I (A154-A162)

Prevention and Public Health (A163-A215)

For an index of poster presenters, visit [bit.ly/Dlposters18](http://bit.ly/Dlposters18).

# AGENDA

*You may notice a difference in the way sessions are listed. Some are in presentation order and some are in alphabetical order.*

## TUESDAY, DECEMBER 4

7:45 a.m.–5:00 p.m.

### Registration

*Grand Registration (Ballroom Level)*

8:00 a.m.–9:30 a.m.

### Poster Session B & Continental Breakfast

*Renaissance Ballroom & Foyer (Ballroom Level)*

#### Features:

Behavioral Health (B1-B42)

Big Data and Technology for D&I Science (B43-B58)

Building the Future of D&I Science: Training, Infrastructure, and Emerging Research Areas (B59-B99)

Global D&I Science (B100-B112)

Models, Measures & Methods (B113-B153)

Promoting Health Equity and Eliminating Disparities (B154-B199)

For an index of poster presenters, visit [bit.ly/DIposters18](http://bit.ly/DIposters18).

9:30 a.m.–9:45 a.m.

### Break

9:45 a.m.–11:15 a.m.

### Concurrent Sessions

#### **BF** Designing to Accelerate Translation (DART) of Emerging Health Innovations

*Congressional A (Ballroom Level)*

**Chair:** Alex Ramsey, Washington University School of Medicine

**Discussant:** Enola Proctor, Washington University in St. Louis

#### Panelists:

**Alex Ramsey**, Washington University School of Medicine

*Fast-tracking the future: Advancing the translation of personalized genomics-informed smoking cessation treatment*

**Stephen Bartels**, Geisel School of Medicine at Dartmouth

*Accelerating translation of self-management strategies through automated telehealth and mHealth to reduce health disparities for high risk populations*

**Mark McGovern**, Stanford University School of Medicine

*The opioid epidemic: If ever there was a dire need for rapid scale up of evidence-based approaches*

**Panel Description:** Accelerating the dissemination and implementation (D&I) of emerging and promising health innovations, including those aimed toward achieving precision medicine and public health, is a key priority in building the future of D&I science. This panel presents a conceptual architecture for speeding the translation potential for innovations that have demonstrated promising utility and are candidates for iterative trialing in real-world settings. Our framework to design for accelerated translation (DART) brings clarity to whether, when, and how to act on evolving evidence to address identified needs in healthcare, and can be applied across the domains of genomic medicine, mHealth, and behavioral science.

## **CCS Tailoring Implementation Strategies Addressing Care Transitions and Care of Populations with Multiple Chronic Conditions**

*Congressional B (Ballroom Level)*

**Chair: Sallie Weaver**, National Cancer Institute

**Discussant: Richard Ricciardi**, Agency for Healthcare Research and Quality

### **Call for Abstracts Session Panelists:**

**Lesli Skolarus**, University of Michigan

*Understanding determinants of acute stroke thrombolysis using the tailored implementation for chronic diseases framework: A qualitative study*

**Sandra Spoelstra**, Grand Valley State University; University of Toronto; John Hopkins University

*Dissemination of CAPABLE model of care in a Medicaid waiver home and community based waiver program to improve function*

**Albert Siu**, James J. Peters Veterans Affairs Medical Center and Icahn School of Medicine at Mount Sinai

*Does adapting hospital at home to facilitate implementation reduce its effectiveness?*

**Call for Abstracts Session Description:** Tailoring or adapting evidence-based practices or programs to local contexts is a challenge for both implementation scientists and practitioners alike. This session will present three studies that use a range of methods and study designs to examine tailoring and adaptation of implementation strategies addressing care transitions and populations with multiple chronic conditions.

## **PHE Promoting Health Equity among Youth: Individual, Cultural and System Considerations**

*Congressional C (Ballroom Level)*

**Chair: Jessica Sales**, Emory University

### **Call for Abstracts Session Panelists:**

**Rebecca Guerin**, Centers for Disease Control and Prevention

*Addressing occupational safety and health (OSH) inequities through implementation science: Lessons from a multilevel evaluation of a foundational curriculum for young workers*

**Neal Hoffman**, Albert Einstein College of Medicine

*Implementing routine HIV testing for adolescents in urban school-based health centers*

**Lisa Lachance**, Dalhousie University

*The power of a kmb network: Mobilizing the wisdom of youth and community to improve the mental health and well-being of young people*

**Staci Morris**, Florida International University

*Sacred connections: Dissemination & implementation of a substance use intervention with native American youth via a university-tribal research partnership*

**Cathleen Willging**, Pacific Institute for Research and Evaluation

*Applying a structural competency framework to the implementation of strategies to reduce disparities for sexual and gender minority youth*



**Call for Abstracts Session Description:** The papers in this session focus on models and approaches for implementing interventions for youth from diverse backgrounds that take into account individual, cultural or system-level factors.

## **BH** Pragmatic Trial of a Multi-Component Intervention in Primary Care to Implement Alcohol-Related Care: Partnered Research to Create Wins for Patients, Clinicians, Leaders and Science.

*Meeting Rooms 10/11 (Meeting Room Level)*

**Chair:** Katharine Bradley, Kaiser Permanente Washington Health Research Institute

**Discussant:** Jennifer McNeely, NYU School of Medicine

### **Panelists:**

**Katharine Bradley**, Kaiser Permanente Washington Health Research Institute  
*The sustained program of alcohol-related care (SPARC) trial: Simultaneous implementation of behavioral health integration to improve the relative value of the innovation*

**Joseph Glass**, Kaiser Permanente Washington Health Research Institute  
*Statistical innovations in pragmatic trials of health-system implementation interventions*

**Amy Lee**, Kaiser Permanente Washington Health Research Institute  
*The sustained program of alcohol-related care (SPARC) trial's use of enhanced practice coaching to implement and sustain alcohol-related care in primary care*

**Panel Description:** Improving primary care (PC) often requires multicomponent systems-level interventions. Gaining operational support for such interventions can be challenging, especially if research addresses a single condition of relatively low interest to operational leaders (e.g. unhealthy alcohol use). The Sustained Program of Alcohol-related Care (SPARC) trial was designed to test a multicomponent intervention to implement evidence-based alcohol-related care in PC. This presentation describes how the trial succeeded by addressing operational partners' needs while maintaining rigorous methods: 1) implementing behavioral health integration for other conditions, along with alcohol-related care; 2) stratifying randomization and addressing identification bias; and 3) augmenting the practice coach role.

## **CCP** Strategies to Promote Patient Access To and Engagement in Care

*Meeting Rooms 12/13/14 (Meeting Room Level)*

**Chair:** Alex Krist, Virginia Commonwealth University

**Discussant:** Christopher Hoffmann, Johns Hopkins University

**Call for Abstracts Session Panelists:**

**Vanessa Hurley**, Georgetown University

*Shared Decision Making in Routine Clinical Use May Not Result in Fewer Surgeries Among Hip and Knee Osteoarthritis Patients*

**Jing Li**, University of Kentucky

*Observation of real-time communication and behaviors during implementation of an interprofessional bedside rounding model*

**Lyndsay Nelson**, Vanderbilt University Medical Center

*Predicting user engagement with daily interactive text messages in a diabetes self-care support intervention*

**Holli Seabury**, McMillen Health

*Increasing access to oral health education and dental care through Michigan WIC*

**Call for Abstracts Session Description:** Patients who access and engage in their care have improved health outcomes. Patient engagement can improve medical decision-making, promote self-management of chronic conditions, improve health behaviors, and even help to inform acute care. This panel will review four studies that evaluated WIC staff training to promote oral care, interactive text messaging to support diabetes self-care, impact of decision aids on hip and knee surgery rates, and influence of interprofessional hospital bedside rounding on patient communication and satisfaction. Discussions will focus on challenges and needs with disseminating and implementing evidence-based strategies to promote use of and engagement in evidence-based care.

**GDI Innovations for Improved Health Care Delivery**

*Meeting Rooms 8/9 (Meeting Room Level)*

**Chair: Kenneth Sherr**, Health Alliance International

**Call for Abstracts Session Panelists:**

**Kaitlyn McBride**, UCLA Fielding School of Public Health

*Hiding in plain sight: The health system costs of transitioning to extended antiretroviral therapy refills for HIV in Africa*

**Alexander Rowe**, Centers for Disease Control and Prevention

*Effectiveness of strategies to improve health care provider practices in low- and middle-income countries: A systematic review*

**Lisa Schalla**, Fundación Punta de Mita

*Implications for adapting a family-completed well-visit tool for the Mexican public healthcare system*

**Lelsey Steinman**, University of Washington

*Can mhealth messages improve management of diabetes and hypertension through a peer educator model in Cambodia?*

**Call for Abstracts Session Description:** This session focuses on utilizing implementation science to improve health care delivery. Presentations in this session focus on a comprehensive review of effective strategies to improve health care provider practices, mHealth innovations in Cambodia, adaptations of well visit tools for family-centered care in Mexico, and a framework for estimating health system costs of extended ARV refills.

## **PPH** The Challenges and Promises of Using Technology to Implement and Disseminate Evidence-Based Practices with Community-Based Partners

*Mount Vernon Square A (Meeting Room Level)*

**Chair:** Michael Hecht, REAL Prevention LLC

### **Panelists:**

**Michael Hecht**, REAL Prevention LLC

*keepin' it REAL with D.A.R.E. America: Using partnership and technology to enhance implementation and dissemination*

**Anne Norris**, University of Miami

*Reducing risky sexual behaviors through encouraging Latinas to become "mighty girls": Using interactive videogame technology to implement narrative prevention messages.*

**Kathryn Greene**, Rutgers University

*Implementing and disseminating REAL media through 4-h clubs and D.A.R.E.: Peer-to-peer delivery of messages through websites and social media*

**Anne Ray**, Rutgers University

*Partnering with Planned Parenthood to present Women's Stories: Using technology to delivery HPV vaccination decision narratives*

**Panel Description:** The panel demonstrates innovative approaches to dissemination and implementation science. Our partnership strategy is built on key stakeholder engagement, particularly among under-served Latino and rural communities, enables one drug prevention curriculum to become the most widely disseminated intervention worldwide, another to be piloted in 11 states, and a third to be used in clinics of the leading women's health care provider. Technology-based delivery enables these organizations to scale-up with fidelity without increasing staff load or training needs. These strategies developed evidence-based interventions that are widely disseminated and overcome barriers the often limit the uptake of effective public health practices.

## **Orientation to the Science of Dissemination and Implementation**

*Mount Vernon Square B (Meeting Room Level)*

**Speakers:** Rinad Beidas, University of Pennsylvania; Cara Lewis, Kaiser Permanente Washington Health Research Institute; Byron Powell, University of North Carolina at Chapel Hill

**Description:** This workshop will provide an introduction and orientation to the science of dissemination and implementation for conference attendees new to this field. (*This is a repeat of the pre-conference session held Monday morning.*)

11:15 a.m.–11:30 a.m.

**Break**

11:30 a.m.–12:45 p.m.

## **Plenary Session: Capacity Building for Implementation Science in Public Health and Community Settings**

*Grand Ballroom (Ballroom Level)*

**Chair:** Gila Neta, National Cancer Institute

**Speakers:** L. Ebony Boulware, Duke University School of Medicine; Theresa Marteau, University of Cambridge; Mary McKay, Washington University in St. Louis; Lawrence Palinkas, University of Southern California

**Plenary Presentations Description:** This plenary will focus on strategies to improve community and public health infrastructure (e.g. use of technologies to capture contextual data, engagement of public health practitioners and policymakers, networking communities for collaboration on research) that can support studies of dissemination and implementation. Panelists will highlight strategies to build research capacity so that populations whose healthcare needs may not always be met can receive evidence-based care in the community.

12:45 p.m.–2:15 p.m.

## **Lunch on Own**

2:15 p.m.–3:45 p.m.

## **Concurrent Sessions**

### **CCS Research Examining De-Implementation and Novel Approaches to Implementation**

*Congressional A (Ballroom Level)*

**Chair:** Karin Johnson, IMPAQ International, LLC

**Discussant:** Ted Skolarus, University of Michigan

#### **Call for Abstracts Session Panelists:**

**George Jackson**, Duke University; Durham Veterans Affairs Health Care System

*Veterans Health Administration diffusion of excellence initiative: Motivation and context for development of innovative practices*

**Laura Damschroder**

*Arming the frontline workforce to support a culture of implementing improvement: Results from a virtual training program*

**Michael Parchman**, Kaiser Permanente Washington Health Research Institute  
*De-implementing long-term opioids for chronic pain: Results of a clinical trial*

**Call for Abstracts Session Description:** This session highlights research examining novel approaches to implementation and de-implementation.

### **BF Beyond Training: Multi-Stakeholder Capacity and Network Building for Implementation Science and Practice**

*Congressional B (Ballroom Level)*

**Chair:** Alex Ramsey, Washington University School of Medicine

**Discussant:** Alicia Bunger, Ohio State University

**Call for Abstracts Session Panelists:**

**Alicia Bunger**, Ohio State University

*Building social networks to support implementation: A systematic scoping review of network interventions*

**Priya Shete**, University of California, San Francisco

*Experiences and outcomes of the UCSF training program in implementation science*

**Byron Powell**, University of North Carolina at Chapel Hill

*A tiered training model to build systemwide capacity in implementation science - current learning and future research*

**Eric Bruns**, University of Washington School of Medicine

*System factors and their influence on implementation success, provider skill attainment and fidelity: What is truly "malleable"?*

**Call for Abstracts Session Description:** Building collective capacity for dissemination and implementation will continue to support our thriving field. This session features high impact research that exemplifies different approaches to building networks and capacity among scholars, practitioners, and within health and human service settings. Presentations will open with a review of network building interventions among individuals and organizations. Then, presenters will provide examples of approaches and conditions necessary to support capacity building moving from individual to outer setting foci, including a training model for university scholars, tiered training to build capacity among practitioners and researchers, and provider skill building via malleable system context factors.

**CCP Patient-Facing Implementation Strategies Targeting Veterans in the United States**

*Congressional C (Ballroom Level)*

**Chair: Frank Martin**, Mathematica Policy Research

**Discussant: Kelly Trevino**, Memorial Sloan Kettering Cancer Center

**Call for Abstracts Session Panelists:**

**Vera Yakovchenko**, VA, Bridge QUERI & CHOIR

*Automated text messaging with patients in VHA specialty clinics: A hybrid type 2 effectiveness-implementation study*

**Anne Hale**, Denver-Seattle Center of Innovation (COIN)

*Vetconnect: Victories and pitfalls implementing telehealth between VA and non-VA facilities*

**Erin Finley**, South Texas Veteran Health Care System

*The effectiveness of replicating effective programs (REP) as a strategy for implementing the diabetes prevention program for women veterans: A mixed-method evaluation*

**Lindsay Miller**

*Lessons learned from the field: Audit and feedback with rapid prototyping helped redesign a care coordination program during scale-up*

**Call for Abstracts Session Description:** Patient-facing implementation strategies have been understudied to date. This symposium includes a set of presentations that describe the development and testing of patient-facing implementation strategies including lessons learned. These presentations all study implementation strategies with an eye towards the veteran population. There are many benefits to focusing on this population including the national health system serving veterans; the presentations will be sure to discuss the generalizability of findings to non-Veteran populations.

## **PHE** Adapting Interventions to Promote Health Equity

*Meeting Rooms 10/11 (Meeting Room Level)*

**Chair: Christina Studts**, University of Kentucky College of Public Health

### **Call for Abstracts Session Panelists:**

**Jennifer Leng**, Memorial Sloan Kettering Cancer Center

*Informing the adaptation of a CHW model to facilitate lung cancer screening for Chinese taxi drivers*

**Judith Lee Smith**, Centers for Disease Control and Prevention

*Adaptation of an effective cervical cancer screening intervention for African American women*

**Steven Barnett**, University of Rochester

*Translation, dissemination, and implementation with deaf communities to promote equity*

**Radhika Gore**, NYU School of Medicine

*Contextual factors influencing the implementation of culturally adapted evidence-based hypertension control strategies in Asian American-serving community sites in the New York/New Jersey area*

**Maria Mora Pinzon**, University of Wisconsin

*Testing effectiveness after cultural adaptation, how much is necessary? A case study – from stepping on to pisando fuerte*

**Call for Abstracts Session Description:** In this session, research will be presented on adaptation of evidence-based interventions that engage and address the needs of populations often underrepresented in health care and service delivery, with the potential to reduce disparities and promote health equity.

## **MMM** Participatory Modeling Approaches to Implementation Science

*Meeting Rooms 12/13/14 (Meeting Room Level)*

**Chair: Lindsey Zimmerman**, University of Washington School of Medicine

**Discussant: Anne Sales**, University of Michigan

### **Panelists:**

**Kristen Hassmiller Lich**, University of North Carolina at Chapel Hill

*Participatory modelling to inform health and social service design and implementation: Illustrating the approach using discrete event simulation modeling to decrease the burden of mental illness in jails*

**Lindsey Zimmerman**, National Center for PTSD, Dissemination and Training Division; University of Washington School of Medicine  
*Participatory system dynamics for high quality VA addiction and mental health care*

**Mark Pearson**, Hull York Medical School, University of Hull  
*Modelling with stakeholders to inform health and social service design and implementation: A systematic scoping review of descriptions and empirical research*

**Panel Description:** This session is designed to improve understanding of the state of the science around participatory modelling when applied to implementation science. Our three panelists are engaged in participatory modelling in the United States (U.S.) and United Kingdom (U.K.). Our discussant, Dr. Anne Sales, is an internationally recognized implementation science expert, and co-Editor-in-Chief of *Implementation Science*. Dr. Sales will respond to the presentations and discuss what she sees as the limits and potentials of participatory modelling for advancing the science of evidence-based practice implementation.

## **PPH** Implementing Maternal and Child Health Interventions in Rural and Low-Resource Communities

*Meeting Rooms 8/9 (Meeting Room Level)*

**Chair: Elizabeth Neilson**, National Institutes of Health

### **Call for Abstracts Session Panelists:**

**Lisa Ruth Hirschhorn**, University of Global Health Equity  
*Understanding country exemplars in under-five mortality reduction: Development and application of an implementation science framework to explore implementation strategies, outcomes and contextual factors*

**Rosemary Nabawezi**, University of Arkansas Medical Sciences/ Arkansas Children's Research Institute  
*Formative evaluation and adaptation of a safe sleep intervention for rural black infants*

**Sarah Kaye**, Kaye Implementation & Evaluation, LLC  
*Are we there yet? Readiness of community-based organizations to adopt and implement evidence-based home visiting programs*

**J.D. Smith**, Northwestern University, Feinberg School of Medicine  
*Examining the adoption of a postpartum depression intervention in a state network of home visiting programs*

**Call for Abstracts Session Description:** This session explores how implementation science is being used to help low-income communities adapt, adopt, and sustain evidence-based strategies that save children's lives and support the well-being of mothers. The first presentation examines how exemplar low- and middle-income countries (LMICs) have reduced mortality for children under age five. The second looks at efforts to reduce Sudden Unexpected Infant Death (SUID) among rural, black families in the U.S. This is followed by two presentations involving evidence-based home visiting (EBHV) programs- one implemented in a diverse urban community and the other adopted across the state of Florida.

## **BD** Measuring the Implementation of Behavioral Intervention Technology: Recharacterizing Established Implementation Outcomes for a Novel Treatment Platform

*Mount Vernon Square A (Meeting Room Level)*

**Chair: Eric Hermes**, Yale University School of Medicine

**Discussant: Joseph Glass**, Kaiser Permanente Washington Health Research Institute

### **Panelists:**

**Stephen Schueller**, University of California at Irvine

*Using mobile phones to deliver mental health services to homeless young adults*

**Aaron Lyon**, University of Washington

*Measuring adoption and fidelity of a digital measurement feedback system in an outpatient pediatric behavioral health system*

**Andrew Quanbeck**, University of Wisconsin—Madison

*Implementing a mobile health system to integrate the treatment of addiction into primary care: Cost, penetration, and sustainability*

**Panel Description:** Behavioral intervention technologies (BITs) are websites, software, mobile applications, and sensors that help users address behaviors, cognitions, and emotional states. There is a lack of consensus on how to measure the implementation of these unique interventions. The panel's objectives are to provide a recharacterization of established implementation outcomes (acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, penetration, and sustainability) with respect to BIT implementation. Using concrete examples from studies conducted by the authors, definitions are clarified, measurement levels within the system are considered, and unique measurement characteristics are discussed, including consumer-level data streams and blending BITs with traditional healthcare services.

## **HP** Using Evidence to Make and Implement Policy

*Mount Vernon Square B (Meeting Room Level)*

**Chair & Discussant: Jonathan Purtle**, Drexel University School of Public Health

### **Call for Abstracts Session Panelists:**

**Jade Hart**, University of Melbourne

*Exploring the determinants of evidence use within clinical network stewardship models: A q methodology study*

**Joshua Richardson**, RTI International

*Evaluating trust among multiple stakeholders for sharing knowledge in a clinical decision support ecosystem: Policy recommendations*

**Matthew Weber**, University of Minnesota

*Network modeling to understand predictors of evidence use in policymaking*

**Itzhak Yanovitzky**, Rutgers University

*What evidence counts in health policymaking, why, and when?*



# AGENDA

**Call for Abstracts Session Description:** This session focuses on the determinants of research evidence being used in public policy and clinical health care system decision-making process. The session includes perspectives from Australia and the United States and presents the results of studies using a range of methods, including social network analysis, content analysis of policy documents, interviews, and q-methodology.

3:45 p.m.—4:00 p.m.

**Break**

4:00 p.m.—5:00 p.m.

**Keynote Plenary Session: Making Learning Health Systems a Reality: Data, Technology, Analysis, Implementation, and Iteration**

*Grand Ballroom*

**Speaker: Amy Abernethy**, Flatiron Health

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You may notice a difference in the way sessions are listed. Some are in presentation order and some are in alphabetical order.

## WEDNESDAY, DECEMBER 5

7:30 a.m.–8:30 a.m.      **Continental Breakfast**  
*Congressional/Grand Ballroom Foyers*

7:30 a.m.–12:00 p.m.      **Registration**  
*Grand Registration (Ballroom Level)*

8:15 a.m.–9:45 a.m.      **Concurrent Sessions**

**BF Mapping the Future for Dissemination and Implementation Science: Opportunities to Address Transparency, Rigor, Measurement Reporting, and Workforce Development**

*Congressional A (Ballroom Level)*

**Chair:** J.D. Smith, Northwestern University

**Discussant:** Enola Proctor, Washington University in St. Louis

**Panelists:**

**J.D. Smith**, Northwestern University

*An implementation research logic model: A step toward improving scientific rigor, transparency, reproducibility, and specification*

**Cara Lewis**, Kaiser Permanente Washington Health Research Institute  
*Mapping the future for dissemination and implementation measurement*

**Ross Brownson**, Washington University in St. Louis  
*Mapping the future for dissemination and implementation training and workforce development*

**Panel Description:** There are emerging opportunities to address critical gaps in dissemination and implementation (D&I) research. Solutions are offered in the areas of: 1) A D&I-specific logic model to specify the determinants, strategies, mechanisms, and outcomes of trials and studies with methods for a priori specification of relationships between variables; 2) a new pragmatic D&I measures construct, the possibility of a consensus battery, and uniform and comprehensive reporting standards; and 3) D&I workforce development, approaches to competency-based training, lessons learned over the past seven years, and future priorities. Implications of these solutions for the field are discussed by the presenters and discussant.

## **CCS** How Learning Health Systems Can Make Real the Promise of Embedded Pragmatic Research

*Congressional B (Ballroom Level)*

**Chair:** Leah Tuzzio, Kaiser Permanente Washington

**Discussant:** Christian Helfrich, VA Puget Sound Health Care System

### **Panelists:**

**Leah Tuzzio**, Kaiser Permanente Washington

*Dissemination and implementation strategies used in pragmatic clinical trials embedded in learning health systems*

**Amy Kilbourne**, Department of Veterans Affairs

*VA quality enhancement research initiative: Enhancing learning health systems through implementation of provider and leadership priorities*

**Katie Coleman**, Kaiser Permanente Washington Health Research Institute

*A learning health system's core set of implementation strategies and change package to scale and evaluate a pragmatic intervention in primary care*

**Panel Description:** Learning Health Systems (LHSs) are an environment where clinical practice influences research and vice versa. LHSs involve an iterative cycle of discovery, dissemination, and implementation that ensures innovation, quality and value in health care. The NIH Health Care Systems Research Collaboratory and the VA's Quality Enhancement Research Initiative (QUERI) strengthen the national capacity to implement large-scale, cost effective pragmatic research within real-world learning health care delivery systems. This panel will describe the necessary infrastructure and strategies for conducting, disseminating and implementing pragmatic research and effective practices into routine care in LHSs participating in the NIH Collaboratory and VA QUERI.

## **HP** Implementing Health System Transformation

*Congressional C (Ballroom Level)*

**Chair:** Michael Gluck, AcademyHealth

**Discussant:** Michael Harrison, Agency for Healthcare Research and Quality

### **Call for Abstracts Session Panelists:**

**Linda Bergofsky**, Agency for Healthcare Research and Quality

*How do medical groups use externally required measures in their own quality improvement efforts?*

**Catherine Harrison**, Massachusetts Health Policy Commission

*Increasing transparency about ACOs: findings from Massachusetts' ACO certification program*

**Jay Knowlton**, High Value Healthcare Collaborative

*Leveraging High Value Healthcare Collaborative assets to adopt new payment models*

**Laura Holdsworth**, Stanford University School of Medicine

*Exploring the implementation of coordinated care within a context of systems change – a need for 'project resilience'*

**Call for Abstracts Session Description:** This session focuses on research about the implementation of health care system transformation initiatives. Topics include the implementation of changes in U.S. Medicare policy, cross-sector end of life care interventions in the United Kingdom, accountable care organization transparency initiatives, and comparative perspectives on the challenges of balancing cost and quality from policymakers in the United States and Denmark. Study methods include the analysis of health insurance claims data, interviews, and analysis of administrative documents.

## **BD Innovations in Digital Implementation**

*Meeting Rooms 10/11 (Meeting Room Level)*

**Chair & Discussant: Gurvaneet Randhawa**, Agency for Healthcare Research and Quality

### **Call for Abstracts Session Panelists:**

**Mary Bollinger**, Central Arkansas Veteran Healthcare System and University of Arkansas for Medical Sciences

*Using spatial analyses to inform implementation activities*

**Jessa Engelberg**, West Health Institute

*Development and implementation of a novel technology-enabled care coordination model to address social determinants of health for senior patients Using spatial analyses to inform implementation activities*

**Lexus Ujano-De Motta**, University of Colorado

*Visualization of the reach of an intervention: Use of geographic information systems (GIS) in implementation research*

**Alexander Young**, Department of Veterans Affairs and University of California, Los Angeles

*Computerized conjoint analysis of the treatment preferences of patients with serious mental illness*

**Call for Abstracts Session Description:** The session will present the latest innovations in digital platforms in D&I research that range from care delivery interventions to public health interventions. The first talk will describe the implementation of a care coordination model for senior patients. The second talk will present a computerized conjoint analysis of treatment preferences of patients with mental illness. The third talk will describe the use of spatial analyses to identify clusters of counties with high suicide rates. The fourth talk will present a visualization tool using geographic information systems to determine location of enrollees in the VA Transitions Nurse Program. The session will include time for audience Q&A.

## **PHE Engaging Stakeholders in the Implementation Process to Improve Health Equity**

*Meeting Rooms 12/13/14 (Meeting Room Level)*

**Chair: Belinda Sims**, National Institute on Drug Abuse

**Discussant: Miruna Petrescu-Prahova**, University of Washington

### **Call for Abstracts Session Panelists:**

**Hillary Edwards**, University of Maryland School of Pharmacy

*What works when: Methods for authentic and continuous stakeholder engagement in research*

**Amanda Parrish**, University of Washington

*Recognizing the perspectives of underserved multilingual and multicultural older adults: Learnings from community-based research on social isolation*

**Tracy Nichols**, University of North Carolina at Greensboro

*North Carolina's response to maternal opioid use: Mapping a KT intervention*

**Barbara Turner**, UT Health San Antonio

*Methods to engage stakeholders from hard-to-reach communities to define PCOR priorities*

**Call for Abstracts Session Description:** This session addresses the role of stakeholders in the implementation process. Multiple topics are addressed including methods for stakeholder research, engaging stakeholders that represent underserved populations in the implementation process, and understanding biases that may impact implementation of interventions.

## **PPH** Improving Uptake of Cervical Cancer Screening and HPV Vaccination

*Meeting Rooms 8/9 (Meeting Room Level)*

**Chair: Antoinette Percy-Laurry**, National Cancer Institute

**Discussant: Heather Brandt**, University of South Carolina

**Call for Abstracts Session Panelists:**

**Margaret Padek**, Washington University in St. Louis

*Scaling up HPV vaccination coverage: Predictors and implications for implementation*

**Jennifer Leeman**, University of North Carolina

*Implementation support for HPV vaccination: Should we target clinic systems, provider behaviors, or both?*

**Wendy Barrington**, University of Washington

*Associations between patient navigation activities and number of women navigated within a large federal cancer screening program*

**Call for Abstracts Session Description:** Utilizing implementation strategies in cancer prevention and early detection efforts is essential to improving the cancer burden in populations. This session examines various methods to improve or influence the uptake of HPV vaccination as well as the role of navigators and partnerships when developing and/or implementing programs to increase cervical cancer screening rates. Systems and provider support, predictors or barriers to uptake and navigation activities will be discussed.

## **BH** Extending the Reach of Dissemination and Implementation to Test Novel Approaches in Non-Healthcare Settings

*Mount Vernon Square A (Meeting Room Level)*

**Chair: Denise Pintello**, NIMH

**Discussant: Sarabeth Broder-Fingert**, Boston University School of Medicine

**Call for Abstracts Session Panelists:**

**David Mandell**, University of Pennsylvania

*A randomized trial of deimplementation in response to new technology: The teachtown study*

**Matthew Epperson**, University of Chicago

*Implementation-focused design of an intervention targeting probationers with serious mental illnesses*

**Katherine Nelson**, Drexel University School of Public Health; Urban Health Collaborative

*Factors associated with US state legislators' support for opioid use disorder parity: Implications for dissemination*

**Jonathan Purtle**, Drexel University School of Public Health

*Audience segmentation to disseminate behavioral health evidence to legislators: An empirical clustering analysis*

**Call for Abstracts Session Description:** Unique implementation and de-implementation strategies are sometimes required in non-healthcare settings and this session presents mental health implementation approaches in diverse settings and populations.

### **MMM Use and Measurement of Practice Facilitation**

*Mount Vernon Square B (Meeting Room Level)*

**Chair:** Suzanne Heurtin-Roberts, National Cancer Institute

**Discussant:** Lisa Saldana, Oregon Social Learning Center

#### **Call for Abstracts Session Panelists:**

**Bijal Balasubramanian**, University of Texas School of Public Health

*Measuring the dose of external practice facilitation*

**Karen Drummond**, Central Arkansas Veterans Healthcare System

*Conducting formative evaluation, studying implementation facilitation, & documenting model adaptation "over the shoulders" of facilitators*

**Bo Kim**, VA Boston Healthcare System

*Time-motion analysis of implementing the collaborative chronic care model in general mental health clinics: Assessing external facilitation effort over time using continuous and interval-based data collection approaches*

**Carolyn Berry**, New York University School of Medicine

*Measuring fidelity in healthyhearts NYC: A complex intervention using practice facilitation in primary care*

**Call for Abstracts Session Description:** Facilitation is a common element of implementation strategies, yet there is no consensus on how to systematically measure and assess the content, dose, and quality of facilitation. Such efforts are essential for identifying the fidelity, cost and impact of facilitation, and the implications for replication, scale-up, and sustainment. This session will feature four implementation studies that deployed different approaches to measuring, monitoring, and evaluating the work of facilitators across a variety of clinical and community settings.

9:45 a.m.–10:00 a.m.

### **Break**

10:00 a.m.–11:30 a.m.

## Concurrent Sessions

### **CCS** Research Examining Implementation Issues in Larger-Scale Spread and Sustainment

*Congressional A (Ballroom Level)*

**Chair: Michael Parchman**, Kaiser Permanente Washington Health Research Institute

**Discussant: Geoffrey Barnes**, University of Michigan

#### **Call for Abstracts Session Panelists:**

**Craig Rosen**, National Center for PTSD Dissemination & Training Division  
*Developing a rubric for matching implementation strategies to barriers: Cross-walking implementation theory and practice*

**Deborah Cohen**, Oregon Health & Science University  
*Implementing improved cardiovascular preventive care in primary care practices*

**Lauren Penney**, UT Health San Antonio  
*Spreading VA's emergency department -rapid access clinics (ED-RAC) intervention: Key factors for success*

**Call for Abstracts Session Description:** Research examining larger scale spread and sustainment is important for understanding broad dissemination, uptake, and adaptation of evidence-based practices. The three studies in this session include a framework for matching implementation strategies to barriers, a longitudinal EvidenceNOW study examining implementation of evidence-based cardiovascular disease prevention practices in a large sample of small primary care practices, and a study assessing implementation and spread of an intervention designed to facilitate Veteran access to urgent specialty care follow-up after ED visits.

## **Best of D&I**

*Congressional B (Ballroom Level)*

**Chair: Shannon Wiltsey-Stirman**, National Center for PTSD

**Discussants: A. Rani Elwy**, Warren Alpert Medical School of Brown University; **Brian Mittman**, Kaiser Permanente Southern California

#### **Call for Abstracts Session Panelists:**

**Lesley Steinman**, University of Washington  
*Can mhealth messages improve management of diabetes and hypertension through a peer educator model in Cambodia?*

**Gillian Harvey**, University of Adelaide  
*Facilitating implementation of research evidence (FIRE): A randomised controlled trial and process evaluation of two models of facilitation informed by the promoting action on research implementation in health services (PARIHS) framework*

**Eric Bruns**, University of Washington  
*System factors and their influence on implementation success, provider skill attainment and fidelity: What is truly "malleable"?*

**Bo Kim**, VA Boston Healthcare System

*Time-motion analysis of implementing the collaborative chronic care model in general mental health clinics: Assessing external facilitation effort over time using continuous and interval-based data collection approaches*

**Bryan Garner**, RTI International

*The implementation & sustainment facilitation (ISF) strategy: Effectiveness results from a 39-site cluster randomized trial*

**Call for Abstracts Session Description:** The Best of D&I session is intended to highlight some of the highest quality abstracts presented at the conference. Rather than serve as a recapitulation of the original presentations, presenters will highlight the impact of their work to the field through extended IGNITE style presentations. The moderator and discussants will further identify themes and take-home messages, and provide a broader context for the significance of these studies.

### **PPH Implementation Ingredients: Organizational Readiness, Facilitators and Barriers, and Strategies**

*Congressional C (Ballroom Level)*

**Chair: Rebecca Selove**, Tennessee State University

**Call for Abstracts Session Panelists:**

**Allison Dymnicki**, American Institutes for Research

*Understanding the role of readiness in promoting the adoption and effectiveness of evidence-based practices in prevention research*

**Christian Helfrich**, VA Puget Sound Health Care System

*Is organizational readiness to change an effect modifier in an implementation trial of a workplace wellness program?*

**Erika Fulmer**, Centers for Disease Control and Prevention

*The first path to truth: Facilitators and barriers to the dissemination of evidence-based interventions to prevent and control cardiovascular disease*

**Melissa Harry**, Essentia Institute of Rural Health

*Addressing barriers and facilitators to incorporating cancer prevention clinical decision support into primary care*

**Courtney Luecking**, University of North Carolina at Chapel Hill

*When implementation strategies don't go as planned: How do community organizations make adaptations?*

**Call for Abstracts Session Description:** Application of these overlapping and inter-related concepts will be discussed in the context of implementation of five different evidence-based programs: violence prevention in middle schools; workplace health promotion in low-wage industries; cardiovascular disease prevention in public health; clinical decision support for cancer prevention in primary care settings; and community-based promotion of healthy eating and physical activity in preschool children.



## **MMM** Ethnography as a Catalyst for Innovation in Implementation Science: Dynamic Methods for Complex Interventions

*Meeting Rooms 10/11 (Meeting Room Level)*

**Chair:** Erin Finley, UT Health San Antonio

**Discussant:** Alison Hamilton, Department of Veterans Affairs, Health Services Research & Development

### **Panelists:**

**Heather Reisinger**, University of Iowa

*Assembling consensus through clinical workflows: Using rapid ethnographic assessment for successful external facilitation*

**Megan McCullough**, Center for Healthcare Organization and Implementation Research

*Implementation science, context and ethnography: Insights from complex interventions in clinical pharmacy practice*

**Lindsey Martin**, Department of Veterans Affairs & Baylor College of Medicine  
*Using “periodic reflections” to evaluate a facilitation strategy to implement video telehealth to home for rural veterans*

**Panel Description:** Successfully implementing evidence-based interventions requires sophisticated understanding of the contexts and processes of implementation as it unfolds. Ethnographic methods, including observation and documentation of social phenomena as they occur over time, are ideal for managing the complexity inherent in implementation science (IS). Anthropologists are pioneering ethnographic approaches to implementation planning, conduct, and evaluation, shedding light on causes and mechanisms of implementation difficult to capture using traditional IS research methods. Presentations in this panel illustrate the diverse ways ethnographic methods are being leveraged to improve how well we do and understand implementation.

## **CCP** Implementation Research in HIV: Collaboration with Local Partners to Determine When, Where, and How to Intervene

*Meeting Rooms 12/13/14 (Meeting Room Level)*

**Chair:** Nanette Benbow, Northwestern University Feinberg School of Medicine

**Discussant:** Natalie Cramer, National Association of State and Territorial AIDS Directors

### **Panelists:**

**Brian Mustanski**, Center for Prevention Implementation Methodology for Drug Abuse and HIV

*Scaling out ehealth for HIV prevention: Two hybrid trials of programs for young gay/bisexual men*

**Lindsay Senter**, Cicatelli Associates

*The southern initiative: Implementing a community health worker model to improve HIV care and prevention services among minority populations in four southern states*

**Alex Keuroghlian**, The Fenway Institute

*National implementation of evidence-informed interventions for people living with HIV across 26 sites*

**Panel Description:** Implementation science in the field of HIV has grown considerably over the last decade, but work is still needed to ensure that evidence-based HIV interventions are effectively translated and locally adopted. This symposium will provide examples of how dissemination and implementation (D&I) research is being used in collaboration with local community-based organizations and providers of HIV care services and will illustrate how D&I can inform when, where, how, by whom, and under what scenarios we can promote the translation of evidence that takes into account the needs and knowledge of those serving people at risk and living with HIV.

### **GDI** Scaling Up Interventions in a Global Health Context

*Meeting Rooms 8/9 (Meeting Room Level)*

**Chair:** **Mark Stoutenberg**, University of Tennessee at Chattanooga

**Discussant:** **Brian Oldenburg**, University of Melbourne

#### **Call for Abstracts Session Panelists:**

**Ali Ben Charif**, Centre de recherche sur les soins et les services de première ligne de l'Université Laval (CERSSPL-UL)

*Scalability assessment of innovations in primary health care: a cross-sectional study*

**Sujha Subramanian**, RTI International

*Identifying optimal approaches to scale up cervical cancer screening in sub-Saharan Africa: A multimethod approach*

**Carolyn Audet**, Vanderbilt University Medical Center

*A novel strategy to implement community-based HIV counseling services: Engaging traditional healers to translate clinical messages to a low-literacy population*

**Jennifer Callaghan-Koru**, University of Maryland-Baltimore County

*Evaluation of the national scale up of chlorhexidine cord cleansing in Bangladesh*

**Call for Abstracts Session Description:** This session focuses on the use of implementation science to understand and overcome barriers to scale up in a global health context. Presentations in this session include a focus on scaling innovations in primary health care, cervical cancer screening, community HIV testing, and chlorhexidine cord cleansing.

### **BH** Innovations in Implementation Science to Enhance Sustainability and Quality Improvement

*Mount Vernon Square A (Meeting Room Level)*

**Chair:** **Michael Engellau**, NHLBI, National Institutes of Health

**Discussant:** **Dara Blachman-Demner**, National Institutes of Health

#### **Call for Abstracts Session Panelists:**

**Katherine Dollar**, VA Center for Integrated Healthcare (CIH)

*Implementation of measurement-based care: Creation of an implementation planning guide*

**James Ford**, University of Wisconsin—Madison

*Influencers of staff perceptions of organizational sustainability capacity in a quality improvement collaborative*

**Mimi Choy-Brown**, University of Minnesota

*Identifying supervisory strategies to improve provider adoption of person-centered care planning in behavioral health services: A mixed methods study*

**Aaron Lyon**, University of Washington

*How implementable is that evidence-based practice? A methodology for assessing complex innovation usability*

**Call for Abstracts Session Description:** Long-term effectiveness of implementation efforts require demonstration of sustainability and on-going quality improvement. This session will present studies focused on both of these elements.

## **[PHE] Achieving Health Equity in the Cancer Care Continuum**

*Mount Vernon Square B (Meeting Room Level)*

**Chair: Brenda Adjei**, NIMHD

**Call for Abstracts Session Panelists:**

**Dajah Swinton**, University of Alabama at Birmingham

*Trends in NCI Dissemination and Implementation Research: Analysis of Health Disparity/Minority Health Grants*

**Laura-Mae Baldwin**, University of Washington, Institute of Translational Health Sciences

*Mailed FIT program to increase colorectal cancer screening in two Medicaid/Medicare health plans: Learnings from first-year implementation*

**Mandi Pratt-Chapman**, George Washington Cancer Center

*Preliminary outcomes from a pilot health equity learning intervention in a national sample of cancer care organizations*

**Scherezade Mama**, Penn State University

*Adapting evidence-based physical activity interventions for cancer survivors and implementation in rural communities*

**Call for Abstracts Session Description:** Significant health disparities persist the continuum of cancer care, including screening, diagnosis, treatment, and survivorship care. This session features implementation research on strategies to address racial/ethnic minority, socioeconomic, and geographic disparities across this continuum.

11:30 a.m.–11:45 a.m.

**Break**

11:45 a.m.–1:00 p.m.

## **Plenary Session: Capacity Building for Implementation Science in Healthcare Settings**

*Grand Ballroom (Ballroom Level)*

**Chair:** **Lisa Simpson**, AcademyHealth

**Speakers:** **Alyce Adams**, Kaiser Permanente Northern California; **Lucy Savitz**, Kaiser Permanente Northwest; **Kevin Volpp**, Penn Center for Health Incentives and Behavioral Economics; **Douglas Zatzick**, University of Washington

**Plenary Presentations:** This plenary will focus on strategies to improve healthcare setting infrastructure (e.g. use of EHRs and other technologies, clinician engagement in research, quality metrics) that can support studies of dissemination and implementation. Panelists will highlight the role of behavioral economics, strategies to address health disparities, the use of electronic systems, and perspectives from large integrated networks.

1:30 p.m.–5:45 p.m.

## **Technical Assistance (TA) Workshop**

*Penn Quarter (Second Floor)*

The TA workshop provides guidance and feedback to investigators currently developing proposals to conduct dissemination or implementation research in health.

Registration required—email [DlconfTAworkshop@mail.nih.gov](mailto:DlconfTAworkshop@mail.nih.gov) to register. Feedback is not guaranteed if a proposal was not submitted by the deadline of November 5.

<https://www.academyhealth.org/page/2018-di-technical-assistance-workshop>

# ADJUNCT EVENTS

## TUESDAY, DECEMBER 4

7:00 a.m.—8:00 a.m.

**VA QUERI Meeting**

*Meeting Rooms 8/9 (Meeting Room Level)*  
Invitation only

7:00 a.m.—8:30 a.m.

**Workshop on Race Equity and Implementation**

*Meeting Rooms 10/11 (Meeting Room Level)*  
Invitation only

1:00 p.m.—2:00 p.m.

**Implementation Science for Cancer Control: Developing & Advanced Centers Informational Meeting**

*Mount Vernon Square B (Meeting Room Level)*  
Open to all

## WEDNESDAY, DECEMBER 5

1:30 p.m.—5:45 p.m.

**Technical Assistance (TA) Workshop**

*Penn Quarter (2nd Floor)*

The TA workshop provides guidance and feedback to investigators currently developing proposals to conduct dissemination or implementation research in health.

Registration required—email [DIconfTAWorkshop@mail.nih.gov](mailto:DIconfTAWorkshop@mail.nih.gov) to register. Feedback is not guaranteed if a proposal was not submitted by the deadline of November 5.

<https://www.academyhealth.org/page/2018-di-technical-assistance-workshop>

# DISPLAY FORUM PARTICIPANTS

*Includes profiles received by 11/19/18.*

## **AcademyHealth**

**[www.academyhealth.org](http://www.academyhealth.org)**

As the professional home for health services research, AcademyHealth connects researchers, policy-makers, and providers in pursuit of higher quality, more accessible. Higher value health care. Together with our more than 4,000 members, AcademyHealth promotes and facilitates the application of research to improve health and health care across the research and policy arenas.

## **Agency for Healthcare Research and Quality (AHRQ)**

**[www.ahrq.gov](http://www.ahrq.gov)**

AHRQ is the lead federal agency charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. Within the Department of Health and Human Services, AHRQ supports research to improve the quality of health care and promote evidence-based decisions.

## **The Center for Translation Research and Implementation Science**

**[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)**

The Center for Translation Research and Implementation Science, part of the National Heart, Lung, and Blood Institute serves as a strategic focal point for coordinating and advancing late-stage T4 translation research; implementation science; health inequities research; global health research; and research training and career development in the above areas.

## **Department of Veterans Affairs**

### **Health Services Research & Development Service (HSR&D)**

### **Quality Enhancement Research Initiative (QUERI)**

**[www.hsrdr.research.va.gov](http://www.hsrdr.research.va.gov)**

**[www.queri.research.va.gov](http://www.queri.research.va.gov)**

The Department of Veterans Affairs, HSR&D identifies and evaluates innovative strategies that produce accessible, high-quality, cost-effective healthcare for Veterans. VA HSR&D's QUERI focuses exclusively on implementing evidence-based research into clinical practice – and evaluating the results of those efforts.

## **ECRI Institute**

**[www.ecri.org](http://www.ecri.org)**

With a mission to advance effective, evidence-based healthcare globally, ECRI Institute is taking the lead to provide free access to trusted guideline resources through the release of the ECRI Guidelines Trust™, a portal to concise, trustworthy guideline briefs and scorecards. Visit [www.ecri.org](http://www.ecri.org) now to register.

## **Institute for Child Success (ICS)**

**[www.instituteforchildsuccess.org](http://www.instituteforchildsuccess.org)**

Launched in 2010, the ICS is a private, nonpartisan research and policy organization. ICS works to create a culture that facilitates and fosters the success of all children. ICS supports policymakers, service providers, government agencies, funders, and business leaders focused on early childhood development, healthcare, and education – all to coordinate, enhance, and improve those efforts for the maximum effect in the lives of young children (prenatal to age five). Rather than being a direct service provider, the Institute's approach focuses on helping those who help young children succeed by working with stakeholders to seek holistic solutions to complex early childhood challenges. [www.institute-forchildsuccess.org](http://www.institute-forchildsuccess.org)

## **National Center for Health Statistics (NCHS)**

**[www.cdc.gov/nchs](http://www.cdc.gov/nchs)**

NCHS provides statistical information that guides actions and policies to improve the health of the American people. As the Nation's principal health statistics agency, NCHS leads the way with accurate, relevant, and timely data. The NCHS exhibit will feature the latest publication and data releases.

# DISPLAY FORUM PARTICIPANTS

## **National Institutes of Health (NIH) National Cancer Institute (NCI) Implementation Science Team [cancercontrol.cancer.gov/IS](http://cancercontrol.cancer.gov/IS)**

The NIH's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. As part of this mission, the National Cancer Institute's Implementation Science (IS) team leads NIH funding opportunities in dissemination and implementation research that seek to maximize the integration of evidence and evidence-based health interventions into clinical and community practice, along with IS training activities, meetings to build capacity of the field and collaborations among researchers, practitioners and policymakers to improve uptake of NIH-funded research.

## **Patient-Centered Outcomes Research Institute (PCORI) [www.pcori.org](http://www.pcori.org)**

PCORI is an independent, non-profit organization authorized by Congress to fund research that provides patients, their caregivers and clinicians with the evidence-based information needed to make better-informed healthcare decisions. PCORI's work is continuously guided by input from a broad range of healthcare stakeholders to see that its research is timely, useful, and addresses outcomes that matter to patients.

## **University of Maryland Graduate School [www.graduate.umaryland.edu](http://www.graduate.umaryland.edu)**

The UMB Graduate School offers graduate education and training in biomedical, health, and human service sciences. We offer Master of Science (MS) and Doctor of Philosophy (PhD) degree programs, and post-baccalaureate certificate programs in these areas of study. We also offer dual degrees with the University's professional schools including PhD/MD, PhD/PharmD and PhD/DDS degree programs, and we participate in inter-institutional studies in biochemistry, gerontology, and toxicology with other University System of Maryland campuses.

## **Vanderbilt University Medical Center [www.vumc.org/implementation](http://www.vumc.org/implementation)**

The Center for Clinical Quality and Implementation Research (CCQIR) is the nexus for implementation research and education at Vanderbilt University Medical Center, bringing together core faculty members from the Schools of Medicine, Nursing, and Management. A robust funding portfolio facilitates local, regional, and national efforts to advance research on the quality, value, and delivery of care through scholarship, service, and education.

## **William T. Grant Foundation [wtgrantfoundation.org](http://wtgrantfoundation.org)**

The William T. Grant Foundation supports research to improve the lives of young people ages 5-25 in the United States. Throughout its 80 year history, the Foundation has awarded grants to prominent researchers yielding research that has been pivotal in improving outcomes for youth and the systems in which they develop. The Foundation's grantmaking centers on research that has the potential to advance theory, build empirical evidence, and improve policy and practice.

The Foundation is currently focused on funding research that increases our understanding of:

- programs, policies, and practices that reduce inequality in youth outcomes, and
- strategies to improve the use of research evidence in ways that benefit youth.

# CONFERENCE SUPPORT PROFILES

*Includes profiles received by 11/19/18.*

## **Participating Federal Agencies**

### **The Agency for Healthcare Research and Quality (AHRQ)**

**[www.ahrq.gov](http://www.ahrq.gov)**

AHRQ mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

### **Department of Veterans Affairs**

#### **Health Services Research & Development Service (HSR&D)**

#### **Quality Enhancement Research Initiative (QUERI)**

**[www.hsrp.research.va.gov](http://www.hsrp.research.va.gov)**

**[www.queri.research.va.gov](http://www.queri.research.va.gov)**

The Department of Veterans Affairs, Health Services Research and Development Service (HSR&D) identifies and evaluates innovative strategies that produce accessible, high-quality, cost-effective healthcare for Veterans. VA HSR&D's Quality Enhancement Research Initiative (QUERI) focuses exclusively on implementing evidence-based research into clinical practice – and evaluating the results of those efforts.

### **National Institutes of Health (NIH)**

#### **National Cancer Institute (NCI) Implementation Science Team**

**[cancercontrol.cancer.gov/IS](http://cancercontrol.cancer.gov/IS)**

The NIH's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. As part of this mission, the National Cancer Institute's Implementation Science (IS) team leads NIH funding opportunities in dissemination and implementation research that seek to maximize the integration of evidence and evidence-based health interventions into clinical and community practice, along with IS training activities, meetings to build capacity of the field and collaborations among researchers, practitioners and policymakers to improve uptake of NIH-funded research.

### **Private Supporters**

#### **The Patient-Centered Outcomes Research Institute (PCORI)**

**[www.pcori.org](http://www.pcori.org)**

PCORI is an independent, non-profit organization authorized by Congress to fund research that provides patients, their caregivers and clinicians with the evidence-based information needed to make better-informed healthcare decisions. PCORI's work is continuously guided by input from a broad range of healthcare stakeholders to see that its research is timely, useful, and addresses outcomes that matter to patients.

### **Robert Wood Johnson Foundation**

**[www.rwjf.org](http://www.rwjf.org)**

For more than 45 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Follow the Foundation on Twitter at [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](http://www.rwjf.org/facebook).



# Getting CER Evidence into Decision Making and Practice

Comparative effectiveness research (CER) is research designed to empower healthcare decision makers to make better-informed choices. It provides them evidence about how well their various healthcare options work compared to one another.

In addition to funding CER, the **Patient-Centered Outcomes Research Institute (PCORI)** is taking many steps to speed up the dissemination of CER findings and their implementation in practice.

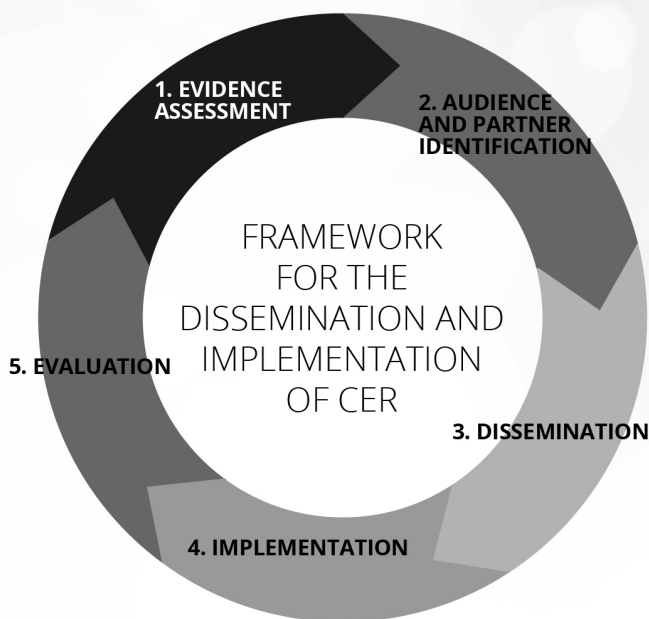
**FUNDING PROJECTS** to disseminate findings from PCORI-funded studies and implement them in practice

**FUNDING RESEARCH** on the comparative effectiveness of communication and dissemination strategies

**TRANSLATING RESULTS** into clear and easy-to-use summaries

Creating **EVIDENCE UPDATES** that present findings from systematic reviews and selected studies to facilitate dissemination of evidence

Facilitating **FREE PUBLIC ACCESS** to findings in journals



pcori.org



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE





AcademyHealth